				PT	O/SB/01 (12-97		
COMBINED		Altorney Doc	ket Number		_		
DECLARATION FOR UTILITY OR I		I	nventor	Plerre Belhume	ur et al.		
PATENT APPLICATION (37 AND POWER OF ATTO)	Complete If known				
AND POWER OF ATTE	JKNET	Application Nu	ımber				
— Destaration D. I.		Filing Date	_				
	ation Submitted	Group Art Unit					
Initial Filing (surcharg	99 (37 CFR 1.18(e))	Examiner Nam	ne .				
As a below named inventor, I here My residence, post office address a	nd citizenship	are as stated be					
I believe that I am the original, first and joint inventor (if plural names a patent is sought on the invention en	re listed belov	entor (if only one i w) of the subject	name is lister matter which	d below) or an is claimed an	original, first d for which a		
BIOLOGICAL INDICATORS FOR V	/ALIDATING	A PRION STERIL	.IZATION-PF	ROCESS			
the specification of which		*					
is attached hereto. OR							
was filed on							
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as United States Application N and was amended on	lumber or PCT In		_	PCT/CA00	/00446		
	(mmvdd/yyyy)	(if applical	•				
I hereby state that I have reviewed including the claims, as amended by	d and unders any amendr	stand the content nent specifically re	s of the aboreferred to abore	ve-identified s	specification,		
I acknowledge the duty to disclose in					7 CFR 1.56.		
I hereby claim foreign priority benefit for patent or inventor's certificate, or one country other than the United checking the box, any foreign application having a filing date before	365(a) of any States of An cation for pat	y PCT Internation nerica, listed belo ent or inventor's	al application ow and have certificate, o	which design also identified of any PCT	ated at least		
Prior Foreign Application Number(s) Con	untry	Foreign Filling Date (MM/DD/YYYY)	Priority Not claimed		y Attached?		
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 Additional foreign application numbers are I hereby claim the benefit under 35 below. 	U.S.C. 119(e) of any United	sheet PTO/SB/ States provis	02B attached here sional applicat	eto: ion(s) listed		
Application Number(s)	Filing Date	(MM/DD/YYY)					
60/130,945		26/1999	Additional numbers priority attached	are listed on a s data sheet	application supplemental PTO/SB/02B		

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COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.58 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

Date 100.07 POUR	U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)		
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent Trademark Office connected therewith: Customer Number	P:	°CT/CA00/00446			04/20/2000			
Place Customer Number Place Customer Number Registration Number Name	As a named inve	entor. I hereby apoc	aint the follow	wing rec	victorad penetit	!(-) 4		
Name Registration Number Name Registration Number Registration Number 22,604 David A. Jackson 28,742 31,253 Michael D. Davis 44,414 Robert Mitchell 225,007 Revin P. Murphy 25,674 Robert Mitchell 225,007 Robert Carrier 30,723 James Anglehart 28,738 Robert Carrier 28,738	—	Customer Number	Carlotte Carlo	e conn	ected therewith	1;	Place Co	ustomer Number Bar
Stella J. Klauber Michael D. Devis Michael D. Sofia Micha			1		number hated b			
Michael D. Davis Michael A. Yamin Michae	Stefan J. Klauber				Double A. L. L.			Registration Number
Michael A. Yamin Guy Houle Robert Carrier Survey Allan H. Freed 31.2507 Robert Mitchell 24.971 Robert Mitchell 24.971 Robert Mitchell Survey P. Murphy 25.674 Robert Carrier France Cote Direct all correspondence to Customer Number or Bar Code Label Direct all correspondence to Customer Number or Bar Code Label Direct all correspondence to Customer Number or Bar Code Label Name KLAUBER A JACKSON Address City Hackensack State State New Jersey Postal Code Postal Code Telephone (201) 487-5800 Fax (201) 343-1684 hereby declare that all statements made herein of my own knowledge are true and that all smade on information are relief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements meapardize the validity of the application or any palent Issued thereon. Rame of sole or First Inventor: Given Name (first and middle lif and paper) Piegro BELHUMEUR Prevince Or State Quebec Or Zip H76 3K9 Country CANADA				•		n		
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Direct all correspondence to Customer Number or Bar Code Label Name KLAUBER & JACKSON Address 411 Hackensack Avenue Address City USA Telephone (201) 487-5800 Fex (201) 343-1684 hereby declare that all statements made herein of my own knowledge are true and that all statements made on information are selled are believed to be true; and further that these statements were made with the knowledge that willful false statements and it kes on made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements means expanding the validity of the application or any patent issued thereon. It is province or Signature Pigro BettumeUR Pigro BettumeUR Date Country Canada Citizenship Canadian Ost Office Address 30 Alexandre Province or State Quebec Or Zip H76 3K8 Country CANADA	France Côté			•				
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hereby declare that all statements made herein of my own knowledge are true and that all statements made on information are belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the kess of made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may be expandize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor	Country USA		Telephone	•			-	
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30 Alexandre Province Postal Code or State Quebec Or Zip H7G 3K9 Country CANADA	esidence: City	Laval CAX	State Que	bec	Country Can	<u> </u>		
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or State Quebec Or Zip H7G 3K9 Country CANADA	:h.				Postal Co	de		
	ıty	Laval	or State Q	uebec			Cou	ntry CANADA
	Additional inventor	s are being named on	the eve	Momar	of Adams:			

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COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4
Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor
Given Name (first and middle [if any])	Family Name or Sumame
Z00 Karine	JULIEN
Residence: City Montréal State Quebec Cost Office Address 8160 Chambord	Date 18/FEB / 80 Country Canada Citizenship CA
Apt. 2 Province or State Quebec	Postal Code Or Zip H2E 1X7 Country CANADA
Given Name (first and middle [if any]) Maryam	☐ A pelition has been filed for this unsigned inventor Family Name or Surname TABRIZIAN
ventor's Signature esidence: ty Longueuil LA State Duebec Co ost Office Address 1406 Des Sitelles	Date 13/03/20 Duntry Canada Citizenship Canadian
y Longueuil Province or State Quebec	Postal Code Or Zip J4J 5K3 Country CANADA
Given Name (first and middle [if any]) L'Hooine	☐ A pelition has been filed for this unsigned inventor Family Name or Surname YAHIA
	untry Canada Citizenship Canadlan
st Office Address 118 Greystone	

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COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY

PTO/SB/02A (3-97) ADDITIONAL INVENTOR(S) DECLARATION Supplemental Sheet Page 4 of 4 Name of Additional Joint Inventor, if any: A polition has been filed for this unsigned inventor Given Name (first and middle [If any]) Family Name or Sumame MARCHAND Inventor's Signature Date X O Residence: City Montréal State Country Canada Citizenship Post Office Address 5375 Place Lafond Province Postal Code _Montréal or State Quebec Or Zip H1X 3G6 Country CANADA Name of Additional Joint Inventor, if any: ☐ A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Inventor's Signature Date Residence: City Country Citizenship Post Office Address Postal Code City Or Zip Country Name of Additional Joint Inventor, if any: ☐ A pelition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Inventor's Signature Residence: City _____ Country Citizenship Post Office Address Province Postal Code Coun City Or Zip try Additional inventors are being named on the supplemental Additional Inventor(s) PTO/SB/02A attached hereto.

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